PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # F92000000408 (6)

NAFEM TRADING CORPORATION

FILED May 27 1998 8:00am Secretary of State

Dringle of Plan	THAT OF THE					
Principal Place of Business 3310 S. CONWAY ROAD ORLANDO FL 32612		Mailing Address 3310 S. CONWAY ROAD ORLANDO FL 32812				
				3. Date Incorporated or Qualified 11/25/1992	3a. Date of Lest Report 04/18/1997.	
2. Principal F	Place of Business	2a. Mailing Address 26		4. FEI Number 54-1304579	Applied For Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
SH	iaikh, abdul n		81 Name			
3310 S. CONWAY ROAD ORLANDO FL 32812			B2 Street Add	B2 Street Address (P.O. Box Number is Not Acceptable)		
Ur.	ILANDO PL 32012		83			
			1			
			84 City		FL 85 Zip Code	
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	eof Florida. Such chan ce was	authorized by the corporat	poration submits this statement for the plion's board of directors. I hereby accep	urpose of changing its registered the appointment as registered	
SIGNATURE			KAR GRANGIOS.			
SIGNATURE	Signature typed or protect name of registered ag	ent and ; the if applicable (NC	OL Registered Agent signature roqu	ired when reinstating)	DATE	
12.	· · · · · · · · · · · · · · · · · · ·	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TITLE	OPS	DELETE	1.1 TITLE		Change Addition	
NAME	SHAIKH, ABDUL N		1.2 NAME			
STREET ADDRESS	3310 S. CONWAY ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32812		1.4 CITY - ST - ZIP			
TITLE		DELETE	2.1 THTLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY - ST - ZIP TITLE		T DELETE	2 4 CITY - ST - ZIP		1100	
NAME		L] DELĒTE	31 TITLE		Change Addition	
			3 2 NAME			
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS			
TITLE		DELETE	3.4. GITY - ST - ZIP 4.1 TITLE		Change Addition	
NAME		السا مدورات	4. 2 NAME		Change Addition	
STREET ADDRESS	:		4.3 STREFT ADDRESS			
CITY-ST-ZIP			4.4 City-St-Zip			
TITLE	-	DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME	600000253	rais [
STREET ADDRESS			6.3 STREET ADDRESS	-05/28/980100	17n27 N/a)	
CITY-ST-ZIP			6.4 C(1) - ST - Z(P	***150.00	. ~~. / 4/A	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same tegal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

N.SHAIKH